

Four Seasons 2000 Limited Lawn Park Care Home

Inspection report

Lucknow Drive
Sutton In Ashfield
Nottinghamshire
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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Summary of findings

Overall summary

About the service

Lawn Park Care Home is a residential care home providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 49 people in one building.

People's experience of using this service and what we found

The service provided safe care for the people living there. Staff knew how to identify and report any safeguarding concerns. Risks to people's personal safety and any specific risks were assessed and managed well. Risks associated with the service environment were assessed and mitigated. There were enough staff to keep people safe. People received their medicines as prescribed. People were protected from the risk of acquired infections.

People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. People and relatives felt staff were well-trained to meet people's needs. People were supported and encouraged to have a varied diet that gave them sufficient to eat and drink. The staff team worked well with external professionals to ensure people got the healthcare they needed in a timely way.

The provider had taken steps to ensure the environment was suitable for people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with dignity and respect by a kind and caring staff team. People were involved in making decisions about their care. Staff respected people's right to confidentiality. Relatives and friends were encouraged to visit, and there were no restrictions on visiting times.

People were encouraged to take part in activities which were meaningful to them. People were supported to practice their faith if this was important to them. People's communication needs were identified and met. The provider had a system in place to respond to complaints and concerns.

The service was well-led. Staff felt supported in their work and took pride in providing good quality care. The registered manager and provider worked to create an open and transparent culture. People felt involved in the home and what went on there. The registered manager and provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 27 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Lawn Park Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection visit was carried out by one inspector and a specialist advisor. Our specialist advisor was a nurse with experience in dementia care. The second day of our inspection was carried out by one inspector.

Service and service type

Lawn Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Our inspection was informed by evidence we already held about the service. We sought the views of Healthwatch Nottinghamshire, who are an independent organisation that represents people using health and social care services. We also sought the views of external health and social care staff, and commissioners from the local authority. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. Commissioners also undertake monitoring of the quality of services. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection visit we spoke with four people who used the service. We spoke with two relatives, two care staff, two nurses, two staff involved in housekeeping and administration and the activity coordinator. We spoke with the registered manager, and two health and social care professionals. We looked at a range of records related to how the service was managed. These included three people's care records and how medicines were managed. We also looked at three staff recruitment and training files, and the provider's quality auditing system.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. One person said, "Staff here work safely – at the end of the day, they want the pleasure of knowing they've helped someone. I trust staff here."
- Staff knew how to identify and report any safeguarding concerns. Staff received training in safeguarding and felt confident to raise concerns.
- The provider had policies surrounding safeguarding in place and the registered manager reported any concerns appropriately to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people's personal safety and any specific risks, such as around skin integrity, falls or malnutrition were assessed and recorded. Appropriate action was in place to manage the risk assessed. For example, one person was at risk of falls due to recent ill health. There was a plan to manage this risk. The person said, "Staff are good at standing back a bit and let me take a calculated risk. So, I can try standing and they can watch me and see if I need help, or I can ask for help."
- Risks associated with the service environment were assessed and mitigated. The provider had a clear system in place for regular checks on all aspects of the environment.
- There were plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. Each person had their own personal emergency evacuation plan with up to date information about people's mobility and support needs. This meant staff and visiting emergency professionals had quick access to information about people's needs and would know how to support people safely.

Staffing and recruitment

- People and relatives felt there were enough staff. Staff also felt there were enough of them to meet people's needs, and our observations during the inspection supported this.
- The registered manager reviewed staffing levels regularly, and, when needed, increased staff numbers to ensure people's needs were met.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.

Using medicines safely

- People received their medicines as prescribed. Medicine were stored safely, securely and in line with the manufacturers' guidance.
- Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that medicines were documented, administered and disposed of in accordance with

current guidance and legislation.

- When people had been prescribed 'as required' medicines there were protocols in place that guided staff on when people might need these medicines.

Preventing and controlling infection

- People were protected from the risk of acquired infections. The service was kept clean, which minimised the risk of people acquiring an infection. Staff described and understood infection control procedures, and followed these, using personal protective equipment when required.
- The registered manager carried out checks in relation to cleanliness and infection prevention and control. This ensured the cleaning work done by staff was effective. The risks associated with infections were minimised, and the premises were clean.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this, and where action had been taken to minimise the risk of future incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they came to live at the service. Information gathered during pre-admission assessment was then used to create people's care plans.
- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of developing pressure ulcers or at risk of malnutrition.

Staff support: induction, training, skills and experience

- People and relatives spoke positively about the staff's skills and training. They felt staff got the right training to meet their needs. Staff had good knowledge of people's needs.
- Staff described the induction they had, and said it was detailed and thorough. This included shadowing more experienced staff and being introduced to people before providing care and support.
- Staff told us they had regular supervision, where they could get feedback on their performance and discuss training needs. Staff also said they had checks on their skills to ensure they provided consistently good care. Records we looked at supported this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People told us the quality and variety of the food was good. One person said, "I do enjoy the food – excellent meals, full of goodness. Lots of vegetables and protein." Where people expressed views about wanting different options, or different times for their meals, their preferences were met.
- People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or special diets, for example, fortified diets or appropriately textured food and thickened drinks.
- People who were at risk of not having enough food or drinks were assessed and monitored, and where appropriate, advice was sought from external health professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff team worked well with external professionals to ensure people got the healthcare they needed in a timely way.
- People told us they were able to see their doctor, dentist or optician whenever they needed to. One person said, "I want to keep achieving and go forward, and staff support me with this. I want help to improve my independence. I need to build my confidence, and this is a partnership with staff."
- Staff had regular contact with health and social care professionals to discuss people's care. Care records

showed staff regularly contacted health professionals for advice if they were concerned about people's well-being.

- A health professional described their contact with the service as good, saying the staff were very organised and proactive in seeking medical advice.

Adapting service, design, decoration to meet people's needs

- The provider had taken steps to ensure the environment was suitable for people's needs. People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised.

- The service had adaptations for people with mobility needs. For example, handrails in corridors and bathrooms. Bathing facilities were designed to be fully accessible for everyone. This meant people were able to make choices about their personal care and promoted independence in bathing and showering.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and relatives said staff gained permission before offering personal care. Staff understood the principles of the MCA, including how to support people to make their own decisions.
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were caring. One person said, "The staff are lovely and can't do enough for me. I think this is one of the best care homes around." Another person said, "It's a big shock to realise you're old and not well. It is hard to accept help, but staff here are lovely. They know me very well as a person."
- Staff were caring and showed that they enjoyed the work they do. One staff member said, "People could be my mum or dad, so this is why it's important to provide good care."
- Throughout our inspection, we saw staff took time to spend with people. Whether this was chatting or doing activities, there was laughter and good-humoured conversations between people and staff. This helped to create a warm atmosphere where people felt comfortable and cared for.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care. Relatives felt they were kept informed about their family member's care. Staff encouraged people to express themselves, and where possible, involved people in reviews of their personal care.
- People said they had care and support as they wanted it to be. Throughout the day we observed staff involved people in decisions about their personal care by asking rather than telling people what they were going to do.
- Information about advocacy services was displayed in the service and we saw advocates had been involved in supporting people to make decisions about their care and life choices. This meant people were supported to understand their rights.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and staff knew how to provider personal care in a dignified way.
- People said staff always treated them with respect. Two people commented on how staff always respected their privacy by knocking on their door before entering, and ensured intimate personal care was done with dignity.
- Staff had a good understanding of dignity in care and had training in this.
- Relatives told us they were encouraged to visit, and there were no restrictions on visiting times.
- Staff respected people's right to confidentiality. Staff understood when it was appropriate to share information about people's care. We saw staff did not discuss people's personal matters in front of others, and where necessary, had conversations about care in private. Records relating to people's care were stored securely, as were records relating to the management of the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans were detailed, containing information about how they liked to be supported. People said they enjoyed the different activities that were offered at the service, and said they had choices about taking part. Activities were planned flexibly, which meant staff could tailor them depending on people's moods and abilities each day.
- Staff we spoke had good knowledge of the different ways people like to be supported. Staff described using a 'My Choices' book for each person. This contained information about people's likes, dislikes, hobbies, and information about who was important to them. One staff member said, "This is a piece of work that you need to take time to do. It takes time to build a relationship with each person to make them feel confident to share their past." We saw this information was used to help staff plan care with people, and also to plan activities that were meaningful to them.
- People were supported to practice their faith if this was important to them. Staff spoke with people and relatives about any needs associated with faith or culture. This was documented in care records, and we saw people were supported with these needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns

- The provider had a system in place to respond to complaints and concerns. People and relatives were confident concerns or complaints would be dealt with. One relative said, "I have been to [registered manager] before about issues, and they are very approachable."
- Information how to complain was available to people and visitors. The complaints log we viewed showed the complaints received were dealt in line with the policy.

End of life care and support

- People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives. People had advance care plans in place which included, where appropriate, records of their

wishes about resuscitation. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives felt the service was well-led. They knew who the registered manager was and said they were very approachable. One person said, "I would recommend this home. It's difficult to give up your home and independence. But I do feel at home here now."
- Staff felt supported in their work and took pride in providing good quality care. The provider had an internal award scheme for staff to recognise the high-quality care they provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider created an open and transparent culture. This was demonstrated by the staff team who were confident to share their views about the quality of care, were open to feedback and demonstrated they aimed to deliver a good service to people.
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager fulfilled their responsibilities in relation to this requirement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and responsibilities in relation to managing a registered care home. The registered manager and provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included a range of regular checks on all aspects of people's care, and the building environment. This meant any issues with the quality of care were identified quickly and resolved.
- Staff understood their roles and were positive about how they were managed. One staff member said, "We've got brilliant staff here. [Registered manager] is a brilliant manager and so understanding."
- The provider was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People said they felt involved in the home and what went on there. People's individual life choices and preferences were consistently met.

- People, relatives and staff were involved in planning care and support. This included regular meetings for people and relatives, and also for staff. These meetings were used to gather information about the quality of care and make improvements to the service.
- Staff had developed links to other resources in the community to support people's needs and preferences. For example, the local library had a reminiscence box project. Care homes can borrow these resources to help provide objects to support reminiscence activities. Staff said they often used these with people in either group or individual activities to encourage people with their memories.